

Salem VAHCS

Postdoctoral Residency Program

Applications due: January 1, 2023

Salary: \$46,334



Salem VA Health Care System
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Accreditation Status

The Clinical Psychology postdoctoral residency at the Salem VA Healthcare System (HCS) is accredited by the Commission on Accreditation of the American Psychological Association. Our last site visit was in September of 2014 and we received 7 years of accreditation. Our next site visit was anticipated for 2021; however, it was delayed because of COVID-19 and is now slated for 2023 (self-study has been submitted and the program remains accredited). Our Clinical Neuropsychology program is currently Accredited on Contingency. We anticipate submitting our distal data this year.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation American Psychological Association

750 1st Street, NE Washington, DC 20002-4242

(202) 336-5979

APAACCRED@APA.COM

<http://www.apa.org/education/grad/program-accreditation.aspx>

Current Positions Available

We are recruiting for a total of 6 residency positions for the 2023-2024 year. Five positions are in traditional practice areas of Clinical Psychology, with emphases in the following: Geropsychology (2 positions), Substance Use Disorders (1 position), PTSD (1 position), and Integrated Mental Health Care (BMED/PCMHI: 1 position).

The Clinical Neuropsychology residency positions are 2-year positions, and we will be recruiting for the 2023-25 position. The Neuropsychology residency will not be participating in the APPCN match process and an offer may be made before the APPIC and APPCN deadlines. *Due to COVID-19, virtual interviews will be utilized for residency recruitment.

Postdoctoral Admissions, Support, and Initial Placement Data-Clinical

Date Program Tables are updated: 09/07/2022

Program Disclosures-Clinical Program

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?

No

If yes, provide website link (or content from brochure) where this specific information is presented:

NA

Postdoctoral Program Admissions-Clinical

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Applicants must meet the following prerequisites to be considered for our program:

1. Completion of an internship accredited by APA or CPA or completed a VA-sponsored internship.
2. Doctoral degree from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program must be completed prior to starting; OR doctorate in another areas of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology must be completed prior to starting.
3. All requirements of doctoral degree, including dissertation, are completed.
4. Approved for residency status by their graduate program and internship training director and meet all degree requirements before beginning residency.
5. U.S. citizenship- See <https://www.psychologytraining.va.gov/eligibility.asp> for general information about VA eligibility and [Am I Eligible? Checklist for VA HPTs](#) for a helpful checklist.
6. Male applicants born after 12/31/1959 must have registered for the draft by age 26.
7. Residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

Selection Process

The application materials of candidates are reviewed by staff psychologists and current residents. Applicants with interests that fit with a scientist-practitioner model are favored in selection. Early submission of applications is encouraged as interview slots will be filled on a rolling basis. Reviewers evaluate the applicant's ability, record of achievement, and degree of potential compatibility with the residency program. These rankings are used to prioritize interview offers. Our fellowship programs are part of the Salem VA HCS, which is an Equal Opportunity Employer and also follow the Americans with Disabilities Act. We are committed to having and training a diverse group of residents. No applicant will be discriminated against on the basis of race/ethnicity, color, creed, religion, sex, place of national origin, or age.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours: No Amount: NA

Total Direct Contact Assessment Hours: No Amount: NA

Describe any other required minimum criteria used to screen applicants:

At time of application, the trainee must submit documentation from their dissertation chair regarding the status of dissertation. Further, the candidate should anticipate that all doctoral requirements will be met before residency.

Applicants should submit their applications using the APPA CAS Online Application. Applicants for residency must submit their materials at:

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

This APPA CAS application should include your **CV**, official graduate school **transcript(s)**, and **three letters of reference**. Please also include the following: a **letter of intent** which specifies your future professional goals, details how the residency will contribute toward their achievement, and identifies the emphasis/specialty area for which you are applying; a **letter from your dissertation chair documenting the timeline for completion of the dissertation**; and a **letter from your internship Director of Training documenting your status as an intern, whether any probationary or remedial actions have been taken, whether you are on track to successfully complete your internship, and your anticipated internship completion date**.

The following information includes requirements for eligibility for an appointment as a VA Health Professions Trainee. Many of the required forms below are requested FOLLOWING match, but all applicants to our program should be aware that the following will all be required in order to begin a residency at any VA site **and could impact ability to onboard with the program. Thus, if any eligibility are NOT met, the applicant should discuss this in advance of match submissions:**

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. U.S. Citizenship. HPTs who receive a direct stipend (pay) must be U.S. citizens.

2. U.S. Social Security Number. All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. Selective Service Registration. Most male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. This is defined for this purpose as individuals born male on their birth certificate regardless of current gender. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waiver requests are rare and will be reviewed on a case by case basis. Waiver determinations are made by the VA Office of Human Resources Management and can take six months for a verdict.
4. Background Investigation. All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. Drug Testing. Per Executive Order 12564 the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however will be subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. Please refer to the following for additional information: [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#).
6. TQCVL. To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit: <https://www.va.gov/OAA/TQCVL.asp>
7. Health Requirements. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Covid Vaccine, Hepatitis B vaccine as well as annual influenza vaccine. Declinations are EXTREMELY rare.
8. Primary source verification is required for all your prior education and training. An official final transcript will be required.
9. Additional Forms. Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.

10. VA identity proofing requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements:

11. Trainees receive term employee appointments and must meet eligibility requirements for appointment: <https://www.psychologytraining.va.gov/eligibility.asp>
12. Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

*** Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.***

Additional information specific suitability information (referenced in VHA Handbook 5005):

Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- Misconduct or negligence in employment;
- Criminal or dishonest conduct;
- Material, intentional false statement, or deception or fraud in examination or appointment;
- Refusal to furnish testimony;
- Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

Additional considerations. Office of Personnel Management (OPM) and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- The nature of the position for which the person is applying or in which the person is employed;
- The nature and seriousness of the conduct;
- The circumstances surrounding the conduct;
- The recency of the conduct;
- The age of the person involved at the time of the conduct;
- Contributing societal conditions; and
- The absence or presence of rehabilitation or efforts toward rehabilitation.

Financial and Other Benefit Support for Upcoming Training Year*-Clinical

Annual Stipend/Salary for Full-time Residents	\$46, 334
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104*
Hours of Annual Paid Sick Leave	104*
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other benefits (please describe): Access to on site fitness center and credit union. Administrative leave also available with supervisory and medical center approval for activities such as presentations at conferences. *Although more is earned, it is recommended that trainees do not exceed use of 128 hours of sick and annual leave to meet some licensure requirements.	

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions-Clinical

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021
Total # of interns who were in the 3 cohorts	9
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
	PD EP
Academic teaching	PD=0, ED=0
Community mental health center	PD=0, ED=0
Consortium	PD=0, ED=0
University Counseling Center	PD=0, ED=0
Hospital/Medical Center	PD=0, ED=1
Veterans Affairs Health Care System	PD=0, ED=7
Psychiatric facility	PD=0, ED=0
Correctional facility	PD=0, ED=0
Health maintenance organization	PD=0, ED=0
School district/system	PD=0, ED=0
Independent practice setting	PD=0, ED=1
Other	PD=0, ED=0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Postdoctoral Admissions, Support, and Initial Placement Data-Neuropsychology
Date Program Tables are updated: 09/07/2022

Program Disclosures-Clinical Program

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?

No

If yes, provide website link (or content from brochure) where this specific information is presented:

NA

Postdoctoral Program Admissions-Neuropsychology

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

Applicants must meet the following prerequisites to be considered for our program:

1. Completion of an internship accredited by APA or CPA or completed a VA-sponsored internship.
2. Doctoral degree from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program must be completed prior to starting; OR doctorate in another areas of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology must be completed prior to starting.
3. All requirements of doctoral degree, including dissertation, are completed.
4. Approved for residency status by their graduate program and internship training director and meet all degree requirements before beginning residency.
5. U.S. citizenship- See <https://www.psychologytraining.va.gov/eligibility.asp> for general information about VA eligibility and [Am I Eligible? Checklist for VA HPTs](#) for a helpful checklist.
6. Male applicants born after 12/31/1959 must have registered for the draft by age 26.
7. Residents are subject to fingerprinting and background checks. Selection decisions are contingent on passing these screens.

Selection Process

The application materials of candidates are reviewed by staff psychologists and current residents. Applicants with interests that fit with a scientist-practitioner model are favored in selection. Early submission of applications is encouraged as interview slots will be filled on a rolling basis. Reviewers evaluate the applicant's ability, record of achievement, and degree of potential compatibility with the residency program. These rankings are used to prioritize interview offers. Our fellowship programs are part of the Salem VA HCS, which is an Equal Opportunity Employer and also follow the Americans with Disabilities Act. We are committed to having and training a diverse group of residents. No applicant will be discriminated against on the basis of race/ethnicity, color, creed, religion, sex, place of national origin, or age.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours: No Amount: NA

Total Direct Contact Assessment Hours: No Amount: NA

Describe any other required minimum criteria used to screen applicants:

The Clinical Neuropsychology residency positions are 2-year positions and will be recruiting for the 2023-25 class. The Neuropsychology residency will not be participating in the APPCN match process and an offer may be made before the APPIC and APPCN deadlines.

THE DEADLINE FOR RECEIPT OF ALL MATERIALS FOR ALL RESIDENCYS IS JANUARY 1, 2023. EARLY SUBMISSION OF MATERIALS IS ENCOURAGED.

If there are questions about the residency program or if you need to check the status of your application, please call the Psychology office at (540) 982-2463, extension 4188. If reaching out for the Neuropsychology Residency specifically, you may also contact Dr. Katherine Kane, ABPP at Katherine.Kane@va.gov.

Candidates for residency must be U. S. citizens. See <https://www.psychologytraining.va.gov/eligibility.asp> for general information about VA eligibility and [Am I Eligible? Checklist for VA HPTs](#) for a helpful checklist.

Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible. No applicants from programs awarding degrees in areas other than psychology will be accepted. Candidates must be approved for residency status by their graduate program and internship training director and meet all degree requirements before beginning residency. If these requirements are not met, the offer for residency may be rescinded.

Residents are subject to fingerprinting and background checks and all training programs must complete paperwork required by the VA stating that the trainee is able to perform his/her duties. Match result and selection decisions are contingent on passing these screens. The dissertation must be fully completed. At time of application, the trainee must submit documentation from their dissertation chair regarding the status of dissertation. Further, the candidate should anticipate that **all** doctoral requirements will be complete before residency.

Applicants should submit their applications using the APPA CAS Online Application. Applicants for residency must submit their materials at:

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

This APPA CAS application should include: 1) your CV; 2) official graduate school transcript(s); 3) three letters of reference; 4) a letter of intent which specifies your future professional goals, details how the residency will contribute toward their achievement, and identifies the specialty area for which you are applying; 5) a letter from your dissertation chair documenting the timeline for completion of the dissertation; 6) a letter from your internship Director of Training documenting your status as an intern, whether any probationary or remedial actions have been taken, whether you are on track to successfully complete your internship, and your anticipated internship completion date, and 7) a de-identified sample neuropsychological report. Please be sure to only send a neuropsychological report that has been fully de-identified, as this could lead to privacy issues if not done correctly.

The following information includes requirements for eligibility for an appointment as a VA Health Professions Trainee. Many of the required forms below are requested FOLLOWING match, but all applicants to our program should be aware that the following will all be required in order to begin a residency at any VA site **and could impact ability to onboard with the program. Thus, if any eligibility are NOT met, the applicant should discuss this in advance of match submissions:**

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment:

1. U.S. Citizenship. HPTs who receive a direct stipend (pay) must be U.S. citizens.
2. U.S. Social Security Number. All VA appointees must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. Selective Service Registration. Most male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid or WOC VA trainee. This is defined for this purpose as individuals born male on their birth certificate regardless of current gender. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waiver requests are rare and will be reviewed on a case by case basis. Waiver determinates are made by the VA Office of Human Resources Management and can take six months for a verdict.
4. Background Investigation. All HPTs will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. Drug Testing. Per Executive Order 12564 the VA strives to be a Drug-Free Workplace. HPTs are not drug-tested prior to appointment, however will be subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. Please refer to the following for additional information: [VA Drug-Free Workplace Program Guide for Veterans Health Administration Health Professions Trainees](#).

6. TQCVL. To streamline on-boarding of HPTs, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). For post-graduate programs where an affiliate is not the program sponsor, this process must be completed by the VA Training Director. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>.
7. Health Requirements. Among other things, the TQCVL confirms that you, the trainee, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, COVID 19 vaccine, Hepatitis B vaccine, as well as annual influenza vaccine. Declinations are EXTREMELY rare.
8. Primary source verification is required for all your prior education and training. An official final transcript will be required.
9. Additional Forms. Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oaa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
10. VA identity proofing requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit: https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf

Additional information regarding eligibility requirements:

11. Trainees receive term employee appointments and must meet eligibility requirements for appointment: <https://www.psychologytraining.va.gov/eligibility.asp>
12. Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

*** Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.***

Additional information specific suitability information (referenced in VHA Handbook 5005):

Specific factors. In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- Misconduct or negligence in employment;
- Criminal or dishonest conduct;
- Material, intentional false statement, or deception or fraud in examination or appointment;

- Refusal to furnish testimony;
- Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

Additional considerations. Office of Personnel Management (OPM) and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- The nature of the position for which the person is applying or in which the person is employed;
- The nature and seriousness of the conduct;
- The circumstances surrounding the conduct;
- The recency of the conduct;
- The age of the person involved at the time of the conduct;
- Contributing societal conditions; and
- The absence or presence of rehabilitation or efforts toward rehabilitation.

Financial and Other Benefit Support for Upcoming Training Year*-

Neuropsychology

Annual Stipend/Salary for Full-time Residents	\$46,334
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104*
Hours of Annual Paid Sick Leave	104*
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other benefits (please describe): Access to on site fitness center and credit union. Administrative leave also available with supervisory and medical center approval for activities such as presentations at conferences. *Although more is earned, it is recommended that trainees do not exceed use of 128 hours of sick and annual leave to meet some licensure requirements.	

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions-Neuropsychology

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	2018-2021
Total # of interns who were in the 3 cohorts	5
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
	PD EP
Academic teaching	PD=0, ED=0
Community mental health center	PD=0, ED=0
Consortium	PD=0, ED=0
University Counseling Center	PD=0, ED=0
Hospital/Medical Center	PD=0, ED=2
Veterans Affairs Health Care System	PD=0, ED=2
Psychiatric facility	PD=0, ED=0
Correctional facility	PD=0, ED=0
Health maintenance organization	PD=0, ED=0
School district/system	PD=0, ED=0
Independent practice setting	PD=0, ED=1
Other	PD=0, ED=0

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

Psychology Setting

The Salem VAHCS Psychology staff is comprised of over 30 doctoral level staff. Psychology falls under the Mental Health Service Line (MHSL) and the Executive Psychologist, Dr. Shenal, provides administrative direction and supervisory oversight for all staff. Supervisory staff is a particular strength of the program. Psychology has an exceptional reputation in the medical center and psychologists are members of the Medical Staff. A number of our staff psychologists have completed post-doctoral residencies with emphasis/specialty areas including neuropsychology and behavioral neurology, neuropsychology and rehabilitation psychology, primary care-mental health integration, general mental health and evidence based practices, geropsychology, substance use disorders, and posttraumatic stress disorder. Behavioral, cognitive, and interpersonal approaches to clinical practice are all represented among staff and there is a strong emphasis on evidence-based assessment and treatment. Psychologists actively involve trainees in ongoing programs of clinical research, resulting in multiple peer-reviewed co-authored papers and conference presentations. Salem VAHCS psychologists are leaders in our field nationally and regularly present at national conferences and serve on VISN, National, and Medical Center committees, such as the VA Psychology Training Council and the Salem VAHCS Research and Development Committee. Several psychologists have been national consultants and/or trainers for best practice initiatives, such as the Prolonged Exposure Training, Cognitive Processing Therapy, and Motivation Interviewing/Motivational Enhancement Therapy Initiatives. Psychology staff members are also involved in the Psychiatry or Medical residency programs as educators and/or supervisors. Overall, the Psychology service is dedicated to contributing to best practices guidelines, providing high quality direct professional care, being informed by and/or informing clinical research, and providing an exceptional training experience.

Psychologists are deployed throughout the medical center and serve in a number of leadership positions. First and foremost, the Executive Psychologist also serves as the Associate Chief/Clinical Services of the MHSL. In addition, psychologists are employed in supervisory positions within the Psychology service and also in supervisory and coordinator positions in many inter-professional/interdisciplinary programs including: Center for Traumatic Stress, Behavioral Medicine and Primary Care-Mental Health Integration Teams, the Substance Use Disorders (SUD), and PTSD Residential Rehabilitation and Treatment Program, the Center for Aging and Neurocognitive Services (CANS), the Evidence-Based Psychotherapy Team, the Psychosocial Rehabilitation and Recovery Programs, Palliative Care, and the Employee Assistance Program.

In addition to offering the postdoctoral residency trainings, we offer an APA-accredited internship program, typically training four to five interns each year. We also typically supervise practicum level students from Virginia Polytechnic Institute and State University, Virginia Tech, and Radford University. Finally, members of our Psychology staff are actively involved in our medical residency training program. Many staff hold faculty appointments at the University of Virginia School of Medicine and the Virginia Tech-Carilion School of Medicine. Staff provide didactic training and clinical supervision to Psychiatry and Medical residents and Medical students through multiple program areas.

In addition to Psychology and Psychiatry training programs, the Salem VAHCS is a major training facility in the region and has many students, interns, and residents in most areas and in all phases of health care education. Students come from a variety of programs including Virginia Tech-Carilion School of Medicine, Edward Via College of Osteopathic Medicine, Jefferson College of Health Sciences, and Radford University.

The Salem VAHCS' commitment to educational programs is evident in the generous funding made available for professional continuing education, development, and training activities. The Psychology staff offers their own continuing education program, with over 15 scheduled hours per year, as well as typically have funding available to bring in speakers for training. To complement our regularly scheduled trainings, MHSL has also sponsored and/or hosted trainings by nationally regarded experts in evidence-based treatments, including Dialectical Behavior Therapy, Cognitive Processing Therapy, Prolonged Exposure Therapy, Motivational Interviewing, and Acceptance and Commitment Therapy. Additionally, Psychology staff participates in Grand Rounds offered by the Hospital and Psychiatry as well as other non-VAMC training opportunities in the community. Both staff and trainees are granted ample administrative leave to attend educational activities outside the medical center. In addition, we host a Psychology journal club and clinical case conference, as well as specialized didactic series in neuropsychology, geropsychology, general mental health, and substance use disorders. Due to the quality of staff, strong leadership, and the priority placed on training, we have been able to attract our top candidates in recruitment of staff, interns, postdoctoral residents, and practicum students.

Training Model and Program Philosophy

Training Model

The Scientist-Practitioner model guides our psychology training programs. Our ideal is that of a psychologist who is skilled in the understanding and application of clinical research and scientific methods to their practice. Barlow, Hayes and Nelson (1984) speak of three roles of scientist-practitioners: that of research consumers and implementers, practice evaluators, and research generators and disseminators. The first two roles are expected of all of our professional psychologists, residents, and interns. Many of our doctoral staff also participate in research production and/or information dissemination. Residents are expected to participate in these opportunities throughout their training year. Residents are also expected to participate in the mentoring and training of interns, psychiatry residents, pharmacy students, and practicum students in the areas of research design and ethics when these opportunities are available.

We also value a developmental approach to training in which tasks of increasing difficulty and complexity are given to residents throughout the course of their residency as they demonstrate their ability and readiness to take on new responsibilities. Supervision is expected to match the needs of the resident in a way that facilitates professional development and progression.

Program Philosophy

A special focus of our residency is fostering the growth and integration of residents' personal and professional identities. We emphasize the need for balance in our lives. This results in our insistence on a 40-hour work week and encouraging our residents to pursue interests outside of psychology, such as recreation, exercise, family, and friendships. Professional identity development, especially in the areas of employment location and selection, is assisted by seminars about job searches, licensure, program development, mental health administration, and supervision. In addition, psychology staff are very open to providing informal assistance in these areas. Finally, the atmosphere in the Mental Health Service Line at the Salem VAHCS is quite collegial. We value our residents highly, appreciating them both as professional colleagues and as resident human beings.

Commitment to Global Inclusion and Diversity

Salem VAHCS is committed to fostering an inclusive and multiculturally competent environment for Veterans, trainees, and staff. This includes consideration of the multilayered systems in which we operate (e.g., professional psychology as a field, Psychology service within VA, Psychology within clinic/BHIP teams and supervisory relationships/dyads, and community contacts/resources). Exploring, celebrating, and respecting individual and cultural differences within our Psychology Service is one of the ways we endeavor to provide high quality and culturally competent care. In addition to the (MDC, see below), we have inclusion opportunities at the Salem VAHCS within the Women's Health Clinic and also through the LGBTQ+ Veterans Care Coordinator.

Multicultural Diversity Committee (MDC)

In 2017, as an extension of the Salem VAHCS Psychology Training Program, the **Multicultural Diversity Committee (MDC)** began formal membership and activities. Over the years, the MDC has continued to evolve in response to member contributions and dynamic social contexts. Through didactics, open forum discussion, program development, and other group-based activities, we strive to supplement and implement the knowledge, skills, and strengths of our membership and communities into both patient care and ongoing professional development.

In brief, MDC strives to support its members in the following:

1. Build awareness and understanding of one's own personal/cultural history, attitudes, and biases and how these may affect how one understands and/or interacts with others
2. Develop procedures and recommendations to promote, recruit, retain, and value cultural and individual differences within Psychology Service.
3. Grow competencies in the provision of multiculturally-informed care while striving to promote equitable opportunities—regardless of race, ethnicity, sexual orientation, gender identity, age, language, abilities/disabilities, socioeconomic status, geographic region, religion/spirituality, or other defining characteristics—for all staff and trainees (and, ultimately, the Veterans we serve).

The MDC currently meets once each month and works on small and large projects as needed.

Membership is comprised of a subset of Psychology staff from varying clinics (MHC, CTS, BMed/PCMHI,

SUD, CANS), predoctoral interns, and postdoctoral residents. Through the MDC chair (a permanent and voting member of the APA accredited Training Committee), members provide ongoing and as-needed consultation to the broader Psychology Training Program(s) and host didactics open to the whole of the Psychology Service. Though not required, members of MDC may elect to engage in hospital-wide DEI (i.e., Diversity, Equity, and Inclusion) efforts and/or use MDC as a consultation resource to inform clinical care and long-term projects.

An open and supportive environment to host difficult discussions is vital to growth. For example, in response to member and trainee feedback (and in addition to supervisors, MDC, and Director of Training), Salem VAHCS offers a mentorship matching program in collaboration with Education Service and maintains a Psychology ombudsperson for trainees and staff. We value your ideas for enhancing diversity and inclusion efforts within the Psychology Service (and more broadly). Should you join our team, we look forward to collaborating and supporting you in actualizing your goals for growth.

Program Aims and Competencies

The overarching aim of the residency experience is to provide the resident with advanced skills that will enable them to function effectively as a scientist-practitioner in their emphasis or specialty area. The five emphasis areas of our clinical psychology postdoctoral training program are Geropsychology, Post-Traumatic Stress Disorder (PTSD), Integrated Mental Health Care (IMHC: BMED/PCMHI), Mood Disorders/Evidence-Based Practices (EBP), and Substance Use Disorders (SUD). We also have two positions in our 2-year Clinical Neuropsychology Specialty, recruiting 1 resident each year. The Geropsychology, PTSD, IMHC, SUD and EBP programs are each one year in length. The Neuropsychology and Geropsychology positions also emphasize the provision of services to rural populations. All positions have included training in telemental health. The overall program provides comprehensive training and clinical experiences designed to teach, develop, and enhance the requisite skills for effective practice as a clinical psychologist functioning in PTSD, primary care, evidence based practices, geropsychology, substance use disorders, and neuropsychology settings, as well as for effective leadership in these areas. A second aim of the program is to equip residents with the consultative/liaison, teaching, leadership/administration, and supervisory skills to be prepared for the market place and be able to incorporate the aforementioned skills into their practice. A third specific aim for the Neuropsychology

residency specialty program is to prepare residents to be eligible for board-certification in Clinical Neuropsychology.

Consistent with our Scientist-Practitioner model, our goal is to provide residents with training in the areas of empirically supported treatment (EST) and evidence-based practices in each emphasis area; develop specific clinical, assessment, and research skills in each of these emphasis areas and promote training which ensures that clinical research and clinical practice inform one another. Our developmental approach to training also informs our purpose for the program, including the following: improve each resident's confidence in clinical, research, consultative, teaching, administration/leadership, and supervisory skills over the course of the residency year and aid each resident in their shift from student to professional.

To meet these aims, the core competencies expected for the Geropsychology, PTSD, IMHC, SUD, and EBP resident include: Integration of Science and Practice, Ethical and Legal standards, Individual and Cultural Diversity, Leadership and Administration, Assessment, Intervention, Consultation and Interprofessional/Interdisciplinary Skills, and Training and Supervision.

Core competencies for the Neuropsychology resident include: Integration of Science and Practice, Ethical and Legal standards, Individual and Cultural Diversity, Leadership and Administration, Assessment (with a focus on neuropsychological evaluation), Intervention, Consultation and Interprofessional/Interdisciplinary Skills, and Training and Supervision.

Specific responsibilities of the resident are, in part, determined by individual needs, interests, and level of readiness. Residents should complete the program with a sense of expertise and competence in the emphasis or specialty area of their choice. Our residents are well-prepared for a wide variety of psychology positions. Our expectations for residency are that the residents develop core competencies that will translate well into research, clinical, teaching, administrative, or combined positions and that the residents have time and experience to thoughtfully consider and plan for a career path that most fits their interests.

Specific Program Goals training experiences are highlighted below.

Program Structure

Residents have clinical and assessment experiences that comprise the majority of their training time. Approximately 50% of time is spent on clinical and assessment duties. This is individualized somewhat by each resident at the onset of the residency year.

The specific experiences for each resident are articulated below but, at minimum, the Geropsychology, PTSD, IMHC, SUD and MHC/EBP residents receive both group and individual therapy experience and the Neuropsychology residents receive experience in neuropsychological evaluation. All Clinical Psychology residents are also required to be involved in the provision of at least (3) comprehensive testing batteries. This can include the provision of testing or the supervision of interns providing testing to Veterans, with such tests as the MMPI-2, PAI, MCMI-III, WAIS-IV, or WMS-IV, as well as numerous other measures appropriate for the presenting problem. Neuropsychology residents are expected to provide cognitive rehabilitation and may provide individual and group therapy. Residents also take the lead on, complete, and present a research and/or program development project over the course of the year (approximately 10-20% of time). Residents function in the role of clinical supervisor to Psychology interns, practicum trainees, medical students, Psychiatry residents, and/or Geriatric Medicine residents and fellows (approximately 10%), though there has been some impact on this due to Covid-19. Interprofessional treatment team participation and consultation (10%) includes being active members of the Psychology Staff, as well as participation in weekly Psychology Staff meetings, monthly Training Committee meetings, and interdisciplinary/interprofessional meetings specific to their emphasis/specialty area. They provide regular consultation to resident members of the Psychology team, as well as to medical providers and other mental health staff. To enhance their understanding of the literature and prepare them to supervise, mentor, and/or teach as leaders in their respective fields, the residents are responsible for offering at least 2 didactic seminars. For Clinical Psychology residents, 1 seminar is on Empirically Supported Treatments and 1 is on a topic relevant to their emphasis area. The Clinical Neuropsychology residents present 2 didactics relevant to clinical neuropsychology. Each resident also serves in at least 1 leadership/administration position (e.g., co-leader of an interdisciplinary team, coordinator of Journal Club, Project Manager of a Performance Improvement Project, etc.) and/or completes an administrative or leadership project. Lastly, residents participate in our Postdoctoral Residency Seminar Series. This includes didactics on relevant topics for the residents, including Research and Grant Writing, Administration of Mental Health, Professional Development Issues, and Supervision. Residents also participate in didactic series that occur within their own

emphasis and specialty areas. Teaching, leadership, and didactics account for approximately 10% of the resident's time.

Residents receive a minimum of 4 hours of training or supervision per week. At least 2 of these hours includes supervision with a licensed clinical psychologist. Supervision of clinical therapy cases emphasizes the provision of treatments with empirical support (e.g., Prolonged Exposure Therapy, Cognitive Processing Therapy, Cognitive Behavioral Therapy for Depression, Motivational Interviewing). Supervisory techniques available include: co-leading of groups, direct observation, audio/video taping, bug-in-the-ear, and/or clinical case presentation. On occasion, supplementary supervision may be provided by members of other professional disciplines when desired and appropriate.

Teaching methods include a mentorship model of supervision in which the resident functions as a junior colleague under the direction and guidance of our staff psychologists. Each resident develops a comprehensive training plan for the year, with the help of their assigned Primary Mentor, Research Mentor (if different from the Primary Mentor), and either the Director of Training (DOT). Specific training and teaching modalities include modeling in clinical and research team meetings, use of focused readings in the resident's areas of emphasis, review of administrative and policy issues governing the VHA and specific program areas, and regular participation in educational opportunities, such as Grand Rounds, training workshops and professional conferences. In addition, the residents participate in the weekly Postdoctoral Residency Seminar Series, didactics within their emphasis and specialty areas, and meet monthly with DOT.

A priority of our training program is the provision of exceptional educational experiences for all trainee levels. We, therefore, place a high value on evaluating the efficacy of our training efforts. This is reflected in a multifaceted program evaluation process that includes evaluation of mentors, the program, and each resident. To evaluate our residency mentors and program, residents: a) meet with the DOT every month which includes a discussion on whether their expectations and goals for the training year are being met and to offer suggestions for improvement; b) evaluate all didactic seminars using our Seminar Evaluation Presenter and Training Feedback Forms; c) complete formal written evaluations of each primary mentor at the end of the year and of the residency program at the midpoint and end of the year; d) complete 2 year follow-up evaluations that assess: type of career/ position of the resident (e.g., research, clinical, combined), type of setting/employment (e.g., VA, medical school, university), research productivity (e.g., peer-reviewed journal articles, conference presentations, grants), leadership roles, teaching experiences, supervision experience, consulting experience, perceived

preparedness for leadership roles in the emphasis area, and any recommendations for program improvement. To evaluate whether Clinical Psychology residents have met set out goals and objectives, Clinical Psychology residents are formally evaluated by their primary mentors and the training program twice, once at the mid-point and once at the end of the residency. Our Neuropsychology residents are evaluated at 6 months, 12 months, 18 months, and 2 years to ensure that they have met set out goals and objectives. This is done by using our Clinical Psychology Residency Competency Assessment and Neuropsychology Residency Assessment Forms. The Clinical Psychology Residency Competency Assessment Form requires residents to demonstrate competency in each of the following areas: Integration of Science and Practice, Ethical and Legal standards, Individual and Cultural Diversity, Leadership and Administration, Assessment, Intervention, Consultation and Interprofessional/Interdisciplinary Skills, and Training and Supervision. The Neuropsychology Residency Competency Assessment Form requires the resident to demonstrate competency in the following areas: Integration of Science and Practice, Ethical and Legal standards, Individual and Cultural Diversity, Leadership and Administration, Assessment (with an emphasis on neuropsychological evaluation), Intervention, Consultation and Interprofessional/Interdisciplinary Skills, and Training and Supervision. To ensure residents are achieving our set standards, the DOT remain in direct contact with all supervisors and facilitates necessary interventions as soon as problems are recognized. In addition, informal verbal feedback is given to residents throughout the course of the year and formal 6 month, 1 year, 18 month (if applicable), and 2 year (if applicable) evaluations are used to provide residents with written feedback on whether they are meeting program expectations. For residents who are not meeting competency standards, a stepped intervention system is in place to address issues expeditiously and is clearly delineated in our Psychology Training Policy. Finally, residents are also evaluated by trainees for whom the resident provides supervision using our Supervisor Competency Evaluation.

Our residency begins early-August to mid-September. A resident is on duty 40 hours per week and works 52 weeks (Geropsychology, PTSD, PC-MHI, EBP, SUD Residents) or 104 weeks (Neuropsychology Residents). Residency positions are designed to provide sufficient time to complete the required duties within a 40-hour workweek. However, it is reasonable to anticipate spending some off-duty hours reviewing professional literature, treatment manuals, etc. Residents may only work 40 hours in their normal work week. It is expected that the residents will be available for duty for essentially the full 52- and 104-week period. Excessively early completion or long, non-emergent absences are discouraged.

Training Experiences

The Geropsychology, PTSD, IMHC, SUD, and Neuropsychology residents are involved in activities appropriate for each emphasis or specialty area.

Geropsychology Resident

The Rural Geropsychology Resident will be exposed to training that is consistent with the Pikes Peak Model for training in professional Geropsychology. The provision of services to older Veterans living in rural areas will be emphasized. This position will provide the opportunity to address and resolve the unique difficulties presented by an aging population by providing psychological interventions targeting issues relevant to aging including dementia, caregiver stress, depression, anxiety, pain, grief, and adjustment in lifetime developmental stages. Evidence-based interventions, such as REACH-VA (for caregivers of individuals with dementia) and STAR-VA (an interdisciplinary, non-pharmacological approach to the management of dementia-related distress behaviors in Community Living Centers) are emphasized. The Resident will also further refine their skills in assessing psychological and cognitive functioning (including evaluation of psychiatric disorders, dementia, stroke). These services will be provided in a variety of inpatient and outpatient treatment settings in a diversity of clinics including the Center for Aging and Neurocognitive Services' (CANS) Geropsychology Outpatient Program, the Community Living Center (CLC), the Memory Assessment Clinic, Palliative Care, Home-Based Primary Care, Primary Care-Mental Health Integration, Neuropsychology, and the Evidence-Based Practice Interprofessional Team in the Mental Health Clinic. The Rural Geropsychology Resident will also work with patients through telehealth in a particular effort to enhance services for Veterans living in rural settings. In addition to the Postdoctoral Resident training seminar, the Geropsychology Resident will attend a weekly videoconference seminar, presented in collaboration with several VA Geropsychology postdoctoral residency programs nationwide. Residents will be expected to complete a research and/or program development project related to aging, dementia care, or other area of interest. The Rural Geropsychology Resident is involved in the training and supervision of psychology interns and students, as well as psychiatry residents in CANS. Further, the resident assumes a leadership role in managing performance improvement activities within CANS. The Rural Geropsychology Resident will be expected to consult on a regular and frequent basis with staff on interdisciplinary teams in CANS, in the CLC, and throughout the medical center to provide comprehensive, person-centered care for geriatric Veterans and their families.

PTSD Resident

The PTSD resident is exposed to best practice treatments and assessments for PTSD, as well as clinical research. In addition, residents gain a solid understanding of the needs of veterans with chronic PTSD, those who are recently returning from deployment, and those exposed to Military Sexual Trauma. Residents will be exposed to the use of technology to aid treatment of veterans and to reduce barriers to care. Since the COVID-19 pandemic, a significant proportion of the therapy sessions have moved to virtual delivery and residents will gain experience with delivery of EBP's for PTSD in both face-to-face and virtual formats. Residents are trained in at least three of the following treatments, under the supervision of licensed clinical psychologists skilled in these approaches: Prolonged Exposure Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, Written Exposure Therapy (WET), Present Centered Therapy (PCT), COPE, and/or STAIR/NST. Residents have the option to provide PTSD treatment to Veterans on outpatient basis and on a residential unit. Residents are trained in group (DBT) and individual treatments and also conduct diagnostic evaluations and psychological assessments. Residents are exposed to research and readings on treatments for PTSD. Residents serve as active team members on our PTSD research projects. There are several ongoing projects in which the resident may become involved. Some examples include: an examination of response to PE vs. CPT, implementation of contingency management, examination of drop-out rates, residential implementation of WET in the DOM SUD (grant funded) and cost effectiveness of DBT. The resident is expected to complete one research or program development project over the course of the year, resulting in a submission to a peer-reviewed journal, grant submission, and/or a presentation at a national conference. Residents consult with other providers throughout the Medical Center regarding referrals and treatment of referred patients. The resident is a member of the Center for Traumatic Stress (CTS) Team, which meets weekly for both administrative and clinical purposes. This meeting is essential for increasing the resident's understanding of the administrative complexities of an outpatient PTSD clinic, as well as advancing clinical and consultative skills. Residents are expected to fully participate in team meetings, present clinical cases to team members, and are active in team discussions. In addition, the resident may also participate in any of the following teams: a) the DBT Consultation Team; b) the MHC/EBP team which meets weekly for clinical and weekly for administrative purposes and other teams as relevant. If a resident wants PTSD experience on a residential unit, they can choose to do a portion of their Postdoc on the Domiciliary PTSD Unit. The resident would be a part of the multidisciplinary team on the DOM PTSD unit and provide massed evidence-based trauma treatment to Veterans with complex PTSD (e.g., individual therapy 3x/week). Some leadership opportunities are also available in the area of

trauma/PTSD, including organizing outreach opportunities, coordinating PTSD and/or MST Awareness Month activities, and facilitating transition to a hospital-wide DBT program.

Integrated Mental Health Resident

The Integrated Mental Health Care (IMHC) position involves three primary experiences: Primary Care-Mental Health Integration (PC-MHI), integrated care in specialty medicine clinics, and Behavioral Medicine.

In the PC-MHI experience, the resident receives training and experience in providing same-day mental health access in a busy primary care setting. This co-located, collaborative care service delivery model of PC-MHI provides full-time, accessible mental health providers to primary care staff and patients. Key aspects of primary care-mental health integration are mental health involvement in addressing depression, anxiety, substance use, chronic pain, health behaviors, and provider-patient communication. The primary responsibilities for the resident are receiving same-day warm hand-offs from primary care, providing brief therapy in the primary care setting, and consultation to primary care staff.

The Behavioral Medicine (BMED) Clinic is a multidisciplinary clinic which provides psychological services, including psychotherapy and assessment, for Veterans dealing with mental health issues related to co-occurring medical illnesses that initially present in Primary Care or other medical contexts (e.g., Acute Care, Extended Care). BMED also conducts psychological evaluations to assess candidacy, and assist in treatment planning, for patients seeking organ transplantation, bariatric surgery, spinal cord stimulator implants, and elective amputations. Additionally, housed within the BMED clinic is our Interdisciplinary Eating Disorders Team, consisting of a psychologist, dietitian, and physician. There is opportunity to be involved in interdisciplinary team meetings, conduct intake assessments, and provide both individual and group treatments to Veterans with eating disorders.

The integrated mental health team also works with several specialty medicine clinics to provide a full range of clinical and consultative services, such as Cardiology, Infectious Disease (HIV), Oncology, Nephrology, and Sleep Clinic. Additional interdisciplinary teams that the resident can work with include Salem's PREVAIL Program for Chronic Pain (an interdisciplinary team (IDT) based on the Whole Health framework to develop patient-centered treatment plans) and a multidisciplinary weight management

(MOVE!) team. It is notable that since a high proportion of patients followed by BMED are immunocompromised, interventions provided to medical clinics may be offered via phone or video telehealth-based during the Covid-19 pandemic. Extra care is taken to prioritize safety for the Veteran as well as staff members and trainees.

Treatment and intervention approaches residents will be exposed to include: Cognitive Behavioral Therapy for Insomnia (CBT-I), Cognitive Behavioral therapy for Chronic Pain (CBT-CP), Problem Solving Training, Motivational Interviewing, brief interventions for alcohol use, supportive therapy, and patient and family education.

The resident will complete a research or program development project during the post-doctoral year. Residents may participate in research involving pain interventions, provider-patient communication, program evaluation of PC-MHI and shared medical appointments, or other program development and assessment projects identified as a need in the primary care setting. Finally, the resident has the opportunity to participate with primary care and mental health leadership on projects aimed at improving mental health care in medical clinics.

Substance Use Disorder Resident

The Substance Use Disorder resident will work with clients throughout the entire continuum of care for substance use disorders, providing services that include assessment, education, group therapy and individual therapy. The resident will work with an interdisciplinary team that fosters the provision of mental and behavioral health services using a patient-centered, recovery-oriented model. The team is comprised of staff supervisors from various disciplines (Psychology, Psychiatry, Social Work, Nursing, Kinesiotherapy, Recreation Therapy, and Nutrition) and trainees (Psychiatry residents, Social Work interns, Psychology externs, and Psychology interns). The resident will provide time-limited, evidence-based treatment to Veterans with a range of substance use and other mental health disorders. These services typically include assessments, residential CBT-based relapse prevention and dual diagnosis groups, outpatient CBT-SUD individual and/or groups, aftercare groups, outpatient programming, and dual diagnosis groups, as well as individual Motivational Enhancement Therapy sessions. If a resident is interested in working with Veterans dually diagnosed with SUD/PTSD, they will have the opportunity to provide individual trauma treatment to Veterans such as Written Exposure Therapy and Nightmare Rescripting. Residents would also have the opportunity to provide massed trauma treatment (e.g.

Prolonged Exposure, Cognitive Processing Therapy and Written Exposure Therapy 3x/week) to dually diagnosed Veterans in the DOM PTSD program. The resident will provide tiered supervision to trainees. The resident will be exposed to didactics on evidence-based practices as well as the opportunity for in-depth, on-going supervision in the provision of Motivational Interviewing that includes coding of session tapes for competency. The resident will also be required to be involved in a research project. There are opportunities to be involved in ongoing research on basic-science, and treatment and implementation research, as well as application for research grants.

Neuropsychology Resident

The Neuropsychology resident is involved in training consistent with the Division 40 Houston Conference guidelines. The resident works primarily as part of the Neuropsychology Program in the Center for Aging & Neurocognitive Services (CANS). This program provides neuropsychological consultation to a diversity of inpatient and outpatient clinics throughout numerous services including Mental Health (e.g., Center for Traumatic Stress, Mental Health Clinic, Primary Care-Mental Health Integration), Neurology, the Community Living Center, Primary Care, and Inpatient Medical and Psychiatric Units. Residents can expect to work with a variety of patients with diagnoses including dementia (e.g., Alzheimer's disease, vascular dementia, frontotemporal dementia), brain injury (ABI & TBI) and other neurological disorders, as well as psychiatric disorders (e.g., Bipolar Disorder, Post-traumatic Stress Disorder). The resident may have exposure to the TBI evaluations and Memory Assessment Services, latter is an interprofessional clinic that treats patients with Mild Cognitive Impairment and Dementia. In addition, the resident may provide cognitive rehabilitation to individuals with cognitive impairment, in both inpatient and outpatient settings.

Residents gain experience in the administration, interpretation and feedback of neuropsychological evaluation through the use of a flexible and hypothesis-testing method in order to address specific referral questions, with some use of telehealth methods in light of COVID-19 precautions. Assessment procedures include standardized test instruments, elements of Luria's syndrome analysis process, selected behavioral neurology examinations, and special purpose instruments and scales. Training will expand residents' knowledge base of neuroanatomy, neuropathology, and related neurosciences. Residents may be involved in the implementation of psychoeducational and cognitive rehabilitation strategies that are supported by the best available research evidence. In addition to the Postdoctoral Residency Series Seminar, Neuropsychology residents are involved in a multi-site Neuropsychology

seminar series which includes case presentations, fact-finding experiences, and presentations based on relevant topics and readings. The Neuropsychology resident also attends the CANS case conference with Psychology practicum students and interns, Geropsychology and Pharmacy residents, and CANS staff. Residents may supervise interns, practicum students, and/or Psychiatry residents in Neuropsychology. The resident, with the mentorship of a staff psychologist, is required to carry out a research or program development project. Current opportunities include the application of neuropsychology in a rural setting, the use of tele-health in neuropsychology, DEI initiatives of neuropsychology, and a diversity of opportunities related to memory disorders and TBI.

Training Sites

The core training site for the PTSD resident will be the Center for Traumatic Stress (CTS). The primary training sites for the Integrated Mental Health Care resident is the Primary Care-Mental Health Integration clinic and the Behavioral Medicine program. The core training site for the EBP resident is the Outpatient Mental Health Clinic which serves as the outpatient clinic for mental health needs related to anxiety and depression, and at times comorbid disorders. The core training sites for the Geropsychology resident are the Center for Aging and Neurocognitive Services, Primary Care-Mental Health Integration, and the Community Living Center. Neuropsychology residents primarily work in the Center for Aging and Neurocognitive Services, which includes the Clinical Neuropsychology Program and Memory Disorders Program. The core training site for the SUD resident is within the Substance Use Disorders Treatment Program, which includes inpatient, outpatient, and consultation services. Residents may also elect to complete additional minor rotations in areas outside of their primary focus to complement their training. Each of these clinics is described in detail below, listed alphabetically.

Behavioral Medicine Clinic (BMED)

The Behavioral Medicine Clinic is a multidisciplinary clinic which provides psychological services, including psychotherapy and assessment, for Veterans dealing with mental health issues related to co-occurring medical diagnoses disorders that initially present in Primary Care or other medical contexts (e.g., Acute Care, Extended Care). BMED provides a full range of clinical and consultative services to medical specialty clinics, such as Interventional Pain Clinic, Cardiology, Infectious Disease (HIV), Oncology, Nephrology, and Sleep Clinic.

BMED also conducts psychological evaluations to assess candidacy, and assist in treatment planning, for patients seeking organ transplantation, bariatric surgery, spinal cord stimulator implants, and elective amputations. Treatment approaches include skills training for specific patient populations, psycho-educational groups for patients and families, techniques for increasing health enhancing behaviors, individual cognitive-behavioral therapy, motivational interviewing, and lifestyle change groups. A strong component of this rotation is regular opportunities to work with staff and trainees from numerous disciplines, including Psychology, Medicine, Social Work, Pharmacy, Psychiatry, Nutrition, and Nursing. Due to Covid, opportunities to shadow medical specialists in their clinics may be limited.

Center for Aging and Neurocognitive Services (CANS)

The Center for Aging and Neurocognitive Services is an interdisciplinary clinical, education and research center that is comprised of the Clinical Neuropsychology Program, Memory Disorders Program, and the Geropsychology Program. In addition, cognitive rehabilitation and other intervention services can be provided through the CANS. The Clinical Neuropsychology Program provides assessment and treatment for the patients, caregivers and families of Veterans with suspected neurocognitive disorders. Memory Disorders Services provide assessment and treatment of patients, caregivers, and families of Veterans with Alzheimer's disease, dementia, and other memory disorders. The Geropsychology Program provides both inpatient and outpatient assessment and intervention services to aging Veterans and their families. The staff in CANS includes: 3 neuropsychologists, 3 geropsychologists, 1 psychiatrist, 1 clinical social worker, and 1 medical support assistant. Psychology residents, interns, practicum students, Pharmacy residents, and Psychiatry residents are regularly involved in the team. In addition, team members consult with Nursing, Neurology, Radiology, Audiology, Speech-Language Pathology, PM&R, PT, and OT. Current research opportunities include third-wave therapies for older adults, geropsychology interventions in a rural setting, tele-health in neuropsychology, neuropsychology of dementia, loneliness in older Veterans, mindfulness in caregivers, and suicide prevention for older adults during times of transition.

Center for Traumatic Stress (CTS)

The Center for Traumatic Stress is a clinical, education, and research center comprised of two programs: PTSD Clinical Team (PCT) and the Military Sexual Trauma Treatment Program (MST). The PCT specializes in providing evidence-based care to Veterans diagnosed with PTSD secondary to both military and non-military related traumatic events. The MST program offers extensive clinical services for all Veterans

who have experienced sexual trauma(s) while in the military. Both programs offer telemental health services, including use of video teleconferencing to patients in need of clinical services closer to their homes. CTS offers comprehensive clinical services to Veterans through these programs, beginning with diagnostic assessment, consultation, and comprehensive treatment planning. Psychosocial interventions offered are generally time-limited, empirically supported treatments (e.g., Dialectical Behavior Therapy, Prolonged Exposure, Cognitive Processing Therapy, Written Exposure Therapy). Groups include DBT skills group as part of the DBT program. Education is provided by CTS staff to patients, family members, returning Veterans, hospital staff, and the community. The Center also conducts clinical research focusing on effectiveness of PTSD treatments, treatment retention (drop-out), as well as other clinical studies. The team is comprised of 7 psychologists. Psychology interns, postdoctoral residents, practicum students, round out our treatment team. Team members regularly consult with staff and trainees from Psychiatry, Substance Use Disorders, Social Work, Primary Care, Supported Employment, and Psychology. In addition, we frequently communicate and consult with staff from the Substance Use and PTSD Residential Rehabilitation and Treatment programs (RRTP). Residents are expected to function as full team members: collaborating with other staff, participating in administrative meetings, and presenting clinical and research topics during weekly team meetings.

Community Living Center (CLC)

The Community Living Center provides patient-centered (according to the HATCH model), interdisciplinary team-based delivery of short-term, rehabilitative care, and longer term care for Veterans who require end of life care, prolonged active rehabilitation, or lack clinically appropriate community alternatives. Veterans in the CLC are referred for psychological and/or neuropsychological assessment, as well as short-term or long-term individual and/or caregiver support. Psychology provides assistance with the implementation of an interdisciplinary, non-pharmacological approach to the management of dementia-related distress behaviors (i.e., the STAR-VA program). The CLC Psychologist also collaborates with recreation therapists to provide a twice-weekly cognitive stimulation/reminiscence therapy group for residents with dementia and/or depression. Finally, Psychology provides regular consultation to the CLC's interdisciplinary team (consisting of nursing staff, physicians, physical therapists, occupational therapists, recreation therapists, speech and language pathologists, kinesiotherapists, pharmacists, etc.).

Domiciliary PTSD Program (DOM-PTSD)

The DOM-PTSD is a 5-week residential program that provides massed PTSD treatment (e.g., individual trauma treatment 3x/week). This is a coed program that serves Veterans with combat trauma, military sexual trauma and non-military trauma histories. DOM-PTSD offers individual and group therapy. Individual therapies include evidence-based treatments such as Prolonged Exposure, Cognitive Processing Therapy and Written Exposure Therapy. Group therapy includes homework groups, as well as psychosocial groups provided to Veterans in both the DOM-SUD and DOM-PTSD programs (e.g., Behavioral Activation, Mood Management and Mindfulness). The multidisciplinary team is composed of psychologists, social workers, nurses, a nurse practitioner, a pharmacist, a psychiatrist, a recreation therapist, and a dietician.

Home-Based Primary Care (HBPC) – Due to Covid-19, this rotational experience may not be available.

Home-Based Primary Care is a comprehensive, interdisciplinary primary care program that provides services to Veterans in their homes. The team is composed of physicians, nurse practitioners, social workers, psychology, an occupational therapist, a recreational therapist, a pharmacist and a dietician. The clinic provides long-term medical, social, rehabilitative and behavioral care to veterans who are unable to come to one of our facilities. Psychology provides assessment and intervention to veterans and their families to address mental health issues that are affecting their medical care, health status and/or functional capacity.

Mental Health Clinic (MHC)

The Mental Health Clinic (MHC) at the Salem VAHCS is an interdisciplinary program that provides outpatient psychological, medical, psychiatric, and social work services to Veterans. The EBP interprofessional team housed within this outpatient clinic is coordinated by a clinical psychologist. Staff in the MHC includes clinical psychologists, clinical social workers, psychiatrists, clinical pharmacists, and nursing staff. This is also a training site for outpatient Psychiatry residents through the Virginia Tech/Carilion School of Medicine and Research Institute, who provide medication treatment and management along with psychiatric staff. Psychologists in the MHC provide time-limited, evidence-based psychotherapy to Veterans with various psychological concerns and symptoms (e.g., depression, anxiety, bipolar, post-traumatic stress disorder, adjustment stress, couples treatment). Individual, couples and group therapy are offered, and primarily target anxiety and depressive disorders. Team members regularly consult about referrals from Primary care, Psychiatry, Substance Use Disorders, Social Work, Nursing, and other Psychology specialty areas.

Motivational Interviewing/Motivational Enhancement Therapy

Training in Motivational Interviewing (MI) and Motivational Enhancement Therapy (MET) is offered through the medical center's Substance Use Disorders Treatment Program. Training consists of a half-day seminar followed by 4x 2-hour training sessions which are spaced over 2 months. Individual clinical practice supervision and tape coding using the Motivational Interviewing Treatment Integrity (MITI) scale is provided by VA certified MI/ MET trainers. Although substance use is a frequent target behavior, there is also opportunity to use MI skills to facilitate changes to a variety of health-relevant behaviors.

Palliative Care (PC)- This rotation may be impacted by Covid-19.

Palliative Care provides services to terminally-ill Veterans and their families enrolled in the inpatient Hospice Program. Psychology is part of an interdisciplinary team that provides veterans and their families with care addressing a variety of needs related to end of life issues, grieving and bereavement.

Primary Care-Mental Health Integration Team (PCMHI)

Salem's Primary Care-Mental Health Integration Team (PCMHI) is comprised of psychologists, social workers, and a psychiatrist who provide MH services located within VAMC Salem's three Primary Care clinics and the Women's Health Clinic. The Primary Care Service Line has a total of 22 full-time primary care providers, all members of Patient Aligned Care Teams. The PCMHI team provides full-time, open-access, predictable, integrated availability of mental health staff to these providers and primary care patients. Specifically, the PCMHI team assists primary care providers with screening and identification of mental health issues, as well as provision of brief, evidence-based treatment (e.g., CBT for pain, insomnia, anxiety, and depression, Motivational Interviewing for health behavior change, smoking cessation, problem-solving therapy). The team also facilitates or co-facilitates several groups (e.g., Sleep Hygiene, Mindfulness in Primary Care, MOVE!, Tobacco Cessation, Tinnitus Management). The PCMHI team supports coordination of care among primary care, mental health specialty clinics, and other subspecialty clinics (e.g., neurology and pain clinics, gastroenterology, nutrition, emergency departments). The team also has an active role in providing targeted training regarding mental illness identification, management, communication skills, and behavioral management to primary care providers, primary care staff, residents, interns, and nursing students. Program development and research projects that residents have taken the initiative on have included service utilization and patient adherence, behavioral health outcomes around pain management, and metabolic issues such as diabetes and obesity.

Substance Use Disorders Treatment Program (SUD)

The Salem VAHCS Substance Use Disorders Treatment Program (SUD) offers a variety of services for Veterans experiencing substance use disorders. Primary programs include: the Substance Use Disorders Rehabilitation Treatment Program (SUD DOM), Outpatient, and Substance Use Disorder Aftercare. Modes of treatment include individual and group psychotherapy and educational classes. Evidenced-Based Treatment approaches include Cognitive-Behavioral Therapy for Substance Use Disorders (CBT-SUD), Motivational Enhancement Therapy, and Contracts, Prompts and Reinforcement. Funded and unfunded applied clinical research is a key part of these treatment programs. The team is comprised of staff supervisors from various disciplines (Psychology, Psychiatry, and Social Work, among others) and trainees (psychiatry residents, social work interns, psychology externs, and psychology interns).

Requirements for Completion

To successfully complete the residency, residents must demonstrate competency in all core areas identified on the Clinical Psychology Residency Competency Assessment Form or the Neuropsychology Residency Competency Assessment Form. Competency standards require that residents meet exit criteria in each core competency area. If a resident's performance falls below competency standards, the procedures established in the Psychology Training Due Process Procedures are followed. The resident needs to meet competency standards by the conclusion of their training. In addition, the Geropsychology, PTSD, PCMHI, SUD, and EBP residents must complete a full year of training (2080 hours). Neuropsychology residents must complete two full years of training (4160).

Facility and Training Resources

The Salem VAHCS has the infrastructure in place to facilitate a strong learning environment for our residents. Residents each have private offices equipped with telephones and networked PC's and telehealth equipment, providing access to an extensive array of information and materials. This includes patient care databases, on-line mental health test instruments and interviews, the internet, and library databases and materials. Also available are numerous hard-copy psychological assessment instruments, as well as a library of empirically validated treatment manuals, self-help materials, and other treatment

resources. Study materials for EPPP are also available to residents. Funds are available for purchasing additional materials on an as needed basis. Residents also have access to service line clerical support staff, basic office supplies, and office equipment, such as fax machines, voice mail, and copy machines. Several research databases from staff-initiated research projects are available to residents, as is statistical software, such as SPSS. Our residents are able to use the medical center's library services, which provide access to on station journals and those accessed through inter-library loan. Four group therapy rooms are set up with equipment for either live and/or videotaped supervision. We also have equipment for supervision using "bug-in-the ear." Additionally, a portable video camera and audiocassette or digital recorders allow for the taping of sessions in individual offices. The residents also have administrative support, including program support assistants (one who is specifically assigned to the Psychology Training Program). A variety of more personal facilities housed on-station and available to residents include a fitness center, canteen and retail store, credit union, post office, and barber shop.

Administrative Policies and Procedures

Administrative Leave

Residents may be granted Administrative Leave (LN) for educational and professional activities outside the medical center, including attendance at training workshops, seminars and professional conferences and conventions, though this is currently impacted by Covid-19 and travel may not be approved.

Due process

As Psychology residents are not part of the VA's Bargaining Unit, the established Veterans Affairs Grievance Procedure is not applicable. We have developed internal procedures that are reviewed extensively during orientation to safeguard due process for the residents, staff, and the integrity of the training program. As this is a training program, the primary goal is to provide comprehensive training to trainees. Whenever feasible, supervisors are urged to address any potentially problematic areas with a trainee as early in the rotation/residency year as possible so steps can be taken to address the problem quickly and thoroughly.

Self-disclosure

An area of professional competence is a resident's ability to engage in self-reflection. Residents are expected to demonstrate openness as well as to demonstrate positive coping strategies to manage

personal and professional stressors to maintain professional functioning, so that quality patient care continues uninterrupted. The resident is also expected to cope with professional challenges, such as new responsibilities or patient crises, and to demonstrate awareness of any personal and professional problems, issues, and/or stressors that may impact their professional practice. The resident is expected to seek supervision and/or personal therapy to resolve issues if needed. Personal stressors can include the impact of emotional issues stemming from the resident's prior and current personal and professional history and relationships. The willingness to openly and non-defensively address the potential impact of one's emotional issues on professional practice and relationships, therefore, is an expected and essential aspect of the supervisory process.

Collecting personal information

We do not collect any personal information when someone visits our website.

Licensure

The program structure, training experiences, and level of supervision results in residents more than meeting licensing requirements for the Commonwealth of Virginia. EPPP study materials are available at this site. If residents plan on pursuing licensing in another state, accommodations are made, when possible, to ensure eligibility for licensing in the chosen state. Residents are encouraged to sit for the licensing exam during the training year. To date, all residents have earned licensure during, or very shortly after, completion of the residency.

Use of distance education technologies for training and supervision

The large majority of supervision and training is conducted face to face at our Medical Center normally but due to Covid-19, much is done using virtual meetings. Several areas also utilize shared didactic trainings that complement our face to face training opportunities (e.g., a multi-site Geropsychology training series and the Neuropsychology seminar series).

Training Staff

Listed below is our supervisory staff, along with their degree, university, and year of graduation. Also listed are clinical and/or research interests.

Select Salem VAHCS Psychology Staff

Drew Bassett, Ph.D., Auburn University, 2019. Motivational interviewing, mental health integration, health behavior change and weight management, brief therapies, gaming disorder.

Esther Brahmstadt, Psy.D., Philadelphia College of Osteopathic Medicine, 2012. Co-Director of Training for Psychology Postdoctoral Programs. Health behavior change, eating disorders, adaptation to chronic illness, pre-transplant psychological evaluations, cultural humility, empirically supported treatments.

Sarah (Hartley) Buyck, Ph.D., Florida State University, 2009. Integrating mental health into medical settings, primary care mental health, chronic pain, adaptation to chronic illness, weight management, interprofessional education.

Rena “Liz” Courtney, Ph.D., Gallaudet University, 2018. Development and implementation of evidence-based treatments for chronic pain, assessment, spirituality, interdisciplinary team, complementary and integrative health (CIH) and Whole Health, Appalachian culture, Deaf culture.

Deanna Dragan, Ph.D., The University of Alabama, 2021. Geropsychology, end-of-life care, ACT, mindfulness, program evaluations, religiousness/spirituality, LGBTQ+, and community-based participatory research.

Ashley Engels, Ph.D., Virginia Commonwealth University, 2013. Substance Use Disorders, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Substance Use Disorders, Cognitive Processing Therapy, Behavioral Couples Therapy for Substance Use Disorders, Motivational Interviewing and Motivational Enhancement Therapy.

Betty Gillespie, Ph.D., Virginia Polytechnic Institute and State University, 1993, Bereavement, End-of-Life Care, Family and Couples Therapy, Substance Use Disorders, Psychological Assessment.

Lauren Hagemann, Ph.D., Yeshiva University, 2015. Treatment of age-related issues/concerns, chronic pain (in older adults), behavioral management of dementia-related distress behaviors, caregiver support, life review/reminiscence therapy, mindfulness, ACT, modified CPT for those with mild cognitive impairment, capacity evaluation.

Dana Rabois Holohan, Ph.D., American University, 2000. Director of Training for Psychology-Internship and Practicum Programs. Sexual trauma, treatment of personality disorders, shame, DBT, PTSD, and empirically supported treatments.

Matthew T. Jameson, Ph.D., Western Michigan University, 2015. Interests include clinical behavior analysis, third wave behavior therapies, Relational Frame Theory (RFT), Motivational Interviewing (MI), exposure-based approaches for PTSD, and applied social psychology.

Mark E. Jones, Ph.D., Virginia Polytechnic Institute and State University, 2007. Behavioral medicine, Geropsychology, Home-Based Primary Care (HBPC) Psychology.

Sagar S. Lad, Psy.D., CSP, William James College, 2019, MIRECC W.G. (Bill) Hefner VA Healthcare System, 2021. Neuropsychologist/ Board Certified Specialist in Psychometry. Clinical- neuropsychological assessments, aging, dementia, medical neuropsychology. Research focuses on diversity/equity/inclusion (DEI) initiatives of neuropsychology and South Asian mental health, perception, and traumatic brain injury.

Steven J. Lash, Ph.D., Virginia Polytechnic Institute and State University, 1992. Substance use disorder research & treatment, motivational interviewing, and cognitive-behavioral therapy.

Philip K. Lehman, Ph.D., Virginia Polytechnic and State University, 2008. PTSD/Substance use disorder dual diagnoses, motivational interviewing, and social influence-based interventions, such as normative feedback and commitment strategies.

Katherine Luci, Psy.D., ABPP, James Madison University, 2010. Board Certified in Geropsychology. Co-Director of Training for Psychology Postdoctoral Programs. Aging, behavioral management of dementia-related distress behaviors, capacity evaluations, caregiving, life review/reminiscence therapy, mindfulness, ACT, multicultural therapy, resilience.

Emily Marston, Ph.D., University of Virginia, 2011. Prolonged Exposure, Written Exposure Therapy, Cognitive Processing Therapy, Acceptance and Commitment Therapy, Mindfulness and Motivational Interviewing.

Beth Morris, Ph.D., University of South Florida, 2014. Psychologist in the Center for Traumatic Stress. Combat stress recovery, Cognitive Processing Therapy, Prolonged Exposure Therapy, military culture.

Jennifer A. Self, Ph.D., Washington State University, 2010. Substance Use Disorders and comorbid serious mental illnesses, Cognitive Behavioral Therapy for Substance Use Disorders (CBT-SUD), Written Exposure Therapy, Mindfulness and Recovery.

Brian V. Shenal, Ph.D., ABPP, Virginia Tech, 2001. Board Certified in Clinical Neuropsychology. Associate Chief, Mental Health Service Line and Executive Psychologist. Neuropsychology Residency Director. Neuropsychology, tele-neuropsychology, emotion and cardiovascular correlates, traumatic brain injury, and disaster/emergency psychology.

Lizzie Stein, Ph.D., University of New Mexico, 2019. Psychologist in Behavioral Medicine and Primary Care Mental Health Integration. Interests include brief CBT in behavioral health settings, adapting to chronic illness, mindfulness, providing ESTs to those with eating disorders, health psych assessment, women's health and maternity mental health, and empirically supported treatment.

Julie Usala, Ph.D., SUNY-Binghamton University, 2016. Staff Psychologist in the Center for Traumatic Stress (CTS) and DOM-PTSD programs. Prolonged Exposure Therapy, Written Exposure Therapy,

Cognitive Processing Therapy, and Dialectical Behavior Therapy. Other interests include Alcohol Use Disorders, Motivational Interviewing, and Military Sexual Trauma (MST).

Sarah Voss Horrell, Ph.D., University of Wyoming, 2008. Military Sexual Trauma (MST) Coordinator. Staff Psychologist in Center for Traumatic Stress. Cognitive Processing Therapy (CPT) Trainer/consultant. Interests in Prolonged Exposure Therapy, Cognitive Processing Therapy, Dialectical Behavior Therapy, and treatment efficacy.

Trainees

Our residents are from a wide range of national programs. All of our trainees have traditionally done quite well in their job searches, receiving multiple offers. Our feedback from our graduates is that they feel quite prepared for the job market and have been very successful in their careers.

Year and Graduate Program	Emphasis Area	Employment after Residency
2021-2022 Rosalind Franklin University Florida Institute of Technology Texas A&M University University of Alabama—Tuscaloosa Georgia Southern University Florida Institute of Technology Nova Southeastern University	EBP PCMHI PTSD Geropsychology Geropsychology Neuropsychology Neuropsychology	Health Systems Specialist-VA Staff Psychologist-VA Current Resident Staff Psychologist-VA Staff Psychologist-VA Current Resident -Year 2 Current Resident -Year 2
2020-2021 East Carolina University Florida Institute of Technology Xavier University East Tennessee State University University of Michigan	Neuropsychology Neuropsychology PCMHI Geropsychology Geropsychology	Private Practice Current Resident-Year 2 Private Practice VA Geropsychologist VA Geropsychologist
2019-2020 East Carolina University Marywood University Palo Alto University University of Louisville Xavier University	Neuropsychology Neuropsychology PTSD Geropsychology Geropsychology	Year 2 Residency Neuropsychologist Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA
2018-2019 JFK University Nova Southeastern University Gallaudet University Marywood University University of Akron Southern Illinois University-- Carbondale University of Kansas	Geropsychology Geropsychology EBP Neuropsychology Neuropsychology PTSD SUD	Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist -VA 2 nd year resident Private Practice Outpatient Clinic/Hospital Staff Psychologist-VA
2017-2018 University of Alabama George Mason University University of Kansas University of Akron Xavier University	Geropsychology Geropsychology Neuropsychology Neuropsychology PTSD	Staff Psychologist-VA Private Practice Staff Psychologist-VA 2 nd Year Resident Staff Psychologist-VA

2016-2017 Long Island University University of Wyoming University of Kansas Philadelphia College of Osteopathic Medicine University of South Carolina Binghamton University-SUNY	Geropsychology EBP Neuropsychology PC-MHI PTSD SUD	Staff Psychologist-VA Private Practice 2 nd Year Resident Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA
2015-2016 Yeshiva University – Ferkauf Graduate School of Psychology Tennessee State University University of Maryland- Baltimore County Georgia Southern University University of Central Florida Texas Woman’s University	Geropsychology EBP Neuropsychology PC-MHI PTSD SUD	Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Asst Professor/School of Medicine Community Medical Center
2014-2015 University of Alabama University of North Carolina Greensboro Purdue University East Carolina University University of Toledo	Geropsychology EBP Neuropsychology PC-MHI PTSD	Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA
2013-2014 Virginia Commonwealth University Purdue University University of North Texas University of Tulsa	EBP Neuropsychology PC-MHI PTSD	Staff Psychologist-VA 2 nd Year Resident Psychologist -VA Staff Psychologist-VA
2012-2013 Antioch University University of South Carolina Northern Illinois University	Neuropsychology PC-MHI PTSD	VA Residency Staff Psychologist-VA Staff Psychologist-VA
2011-2012 University of Louisville James Madison University Philadelphia College of Osteopathic Medicine University of Virginia	Geropsychology Neuropsychology PC-MHI PTSD	Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA Staff Psychologist-VA

2010-2011 James Madison University LaSalle University Washington State University	Geropsychology PC-MHI PTSD	Neuropsychology Resident Staff Psychologist-VA Staff Psychologist-VA
2009-2010 Florida State University Pepperdine University	PC-MHI PTSD	Staff Psychologist-VA Psychologist-DOD
2008-2009 Virginia Tech Temple University	PC-MHI PTSD	Staff Psychologist-VA Staff Psychologist-VA

All graduated residents successfully obtained licensure status.

Local Information

Roanoke is at the southern edge of Virginia's Shenandoah Valley. It is in the heart of the Blue Ridge Country, with the Blue Ridge Mountains to the east and the Alleghenies to the west. The cities of Roanoke, Salem, and Vinton are politically separate but geographically contiguous. Along with surrounding suburban Roanoke County, they represent a population of about 225,000 people. This active, productive metropolitan area is the center of health care, finance, trade, services, and transportation for most of Southwestern Virginia, as well as parts of West Virginia and North Carolina. Recreational activities are numerous and varied. Two municipal Civic Centers present a broad spectrum of public entertainment from opera to sports. The Center in the Square offers an art center, live theater, a science museum, and planetarium. Area colleges maintain their own schedule of cultural events and invite speakers with national and international reputations. Spring brings minor league professional baseball to a state-of-the-art ballpark in Salem. Fall brings college football, and the mountains turn to color along the Blue Ridge Parkway and beyond. Nearby, Smith Mountain Lake boasts of 500 miles of shoreline with sailing, water skiing, and twenty pound plus striped bass. Stocked trout streams flow through the cities themselves. Golf, tennis, and hiking are minutes from most any doorstep. Educational facilities include two private colleges and a community college that are in the immediate area. Within reasonable commuting distance are a number of other colleges, including Virginia Polytechnic Institute and State University, Virginia Military Institute, Mary Baldwin College, Radford, and Washington and Lee University.

Retail shopping opportunities are plentiful. There are many shops in downtown Roanoke and Salem, as well as a quaint Farmer's Market. There are two major shopping malls and many smaller, older shopping centers as well. Numerous excellent restaurants serving a variety of American, traditional southern and multi-ethnic cuisines suit nearly every diner's taste. Housing is plentiful and reasonably priced.

Apartments meeting the needs of most of our residents can be rented for under \$1,000, including utilities, depending on size and location. These are generally unfurnished garden style apartments, which often provide laundry facilities, pools, clubhouses, and tennis courts. More basic, less expensive accommodations can be found with some looking, and there are houses for rent for those so inclined or who need greater space.

Though the urban Roanoke Valley is a modern metropolitan area of some size and complexity, it retains some of the slower pace and charm of a small city. It is truly a wonderful place to live, work, and learn. Usually, our trainees who come here from all over the country fall in love with the area and never want to leave!

COVID-19 Information for applicants

The impacts of Covid-19 have been felt in every area of our lives, including work and training of course. The Salem VAHCS has aimed to provide support for our trainees and staff during this very challenging time. As best as possible, we have adapted many of our training experiences to be conducted using Video to Home technologies so as to minimize risk to patients and staff. For the majority of us, thus far, this has been from a private office on station to the home of a Veteran. We also have followed CDC guidelines and recommendations. We have emphasized universal masking and social distancing, and daily self-screenings. Trainees' participation in inpatient settings and Home-Based Primary Care (HBPC) have been routinely evaluated, with the goal of maximizing training experience while minimizing risk to patient and trainees. It is impossible to fully predict the impacts on the training opportunities in the upcoming year but some that have already been impacted include: reducing off station experiences like HBPC, restrictions of trainees on the CLC, supervision and didactics using virtual platforms, and use of mock assessments when in person assessment was not recommended. Trainees are considered essential by our Medical Center, and are viewed as important components of our healthcare delivery to our nation's Veterans. Many of our activities have been moved to virtual platforms whenever possible. Trainees have the benefit of private offices which has been very helpful as we have moved to these

virtual visits and platforms. Trainees have also utilized larger spaces for face-to-face appointments to minimize close face to face contacts.